Governor's Commission on Disabilities

RI GCD Form G 2 Telecommunication Device (TTY) Request

| To be completed by requesting Agency | | | | | | |
|---|---------------|--------|--------|-----|-----------|--|
| Department | | Agency | | | | |
| Contact Person: | | Title | | | | |
| Phone #s | Voice | | | Fax | | |
| TTY Telephone number to be utilized: | | | | | | |
| TTY phone numl | TTY only | | | | Voice/TTY | |
| | Phone Number: | | | | | |
| To have personnel participate in training and operation of the TTY equipment. For training contact Office of Training and Development at 222-2877 To replace lost or damaged TTY equipment. To repair TTY equipment. The security in placement of TTY equipment. To replace paper for TTY equipment. If TTY use is for agency, place TTY phone numbers on all stationary, literature, and brochures. | | | | | | |
| Authorized Signa | iture | | | | Date | |
| Complete the above and return to the: Governor's Commission on Disabilities 41 Cherry Dale Court, Cranston, RI 02920-3049 | | | | | | |
| To be completed by Governor's Commission on Disabilities | | | | | | |
| Approval for TTY on By: | | | | | | |
| TTY Delivery / | | | | | | |
| Department | Agency | | | | | |
| Received by: | Title | | | | | |
| TTY Location | | | | | | |
| Date Received | | | | | | |
| Make | Model # | | Serial | l # | | |
| Other | | | | | | |
| This certifies receipt of the above TTY | | | | | | |
| Authorized Signature Date | | | | | | |